

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550097

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/	/	/		
4	/		/			
5	/		/			
6		0	/			
7	/		/	/		
8		/	/			
9	/		/	/		
10		/	/			
11		0	/	/		
12	/		/			
13		/		/		
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17		/		/		
18	/	0	/	/		
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TOTAL IND.		12				
TOTAL DEP.		17				
TOTAL CLAIMS		29				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						